



Department of Veterans Affairs

## ECCLESIASTICAL ENDORSING ORGANIZATION VERIFICATION/REVERIFICATION INFORMATION

**PAPERWORK REDUCTION ACT:** This information is used by VA to obtain sufficient information to recognize faith groups wishing to submit candidates for VA chaplaincy only. Although response is voluntary, failure to respond may result in a delay in recognition of the faith group. In accordance with the provisions of the Paperwork Reduction Act, we may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the average time expended by all individuals who must complete this form will be 15 minutes. This includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

**RETURN THE COMPLETED FORM TO: DIRECTOR, CHAPLAIN SERVICE (301/110C)  
 HEADQUARTERS CHAPLAIN SERVICE, VETERANS AFFAIRS MEDICAL CENTER, HAMPTON, VA 23667**

### INSTRUCTIONS

Religious organizations seeking Department of Veterans Affairs (VA) recognition as Ecclesiastical Endorsing Organizations for supplying Chaplains to VA must fulfill the following requirements:

- (1) Organized exclusively or substantially to provide religious ministries to a lay constituency.
- (2) Possess ecclesiastical authority to grant or withdraw ecclesiastical certification.
- (3) Abide by all Department of Veterans Affairs issuances, regulations and policies on clergy serving as VA chaplains.
- (4) Notify the Department of Veterans Affairs of any withdrawal of an existing ecclesiastical endorsement.
- (5) Endorsed clergy will support directly or indirectly the free exercise of religion by all VA beneficiaries and authorized persons.

In accordance with Veterans Health Administration policy, the following information is required from religious organizations applying for recognition by the Department of Veterans Affairs as Endorsing Organizations. In addition, this information will be updated every three years (October 1999, 2002, 2005, etc.).

Documentation to accompany initial application must include:

- (1) Structure of the organization (copies of by-laws, constitution, etc.).
- (2) Membership requirements of the organization.
- (3) Qualifications and requirements for membership in the clergy (education, licensing ordination, professional experience).
- (4) Documentation of Internal Revenue Service status.
- (5) Name, address, and telephone number of each person seeking certification/endorsement for appointment as a VA chaplain.

1. APPLICATION DATE (YYYYMMDD)	2. NAME OF ORGANIZATION		
3. ADDRESS			
a. STREET (Include apartment or suite number)		b. CITY	c. STATE
			d. ZIP
4. TELEPHONE NUMBER (Include area code)		5. FAX NUMBER (Include area code)	
6. PRESIDING OFFICIAL(S)			
a. NAME (Last, First, Middle Initial)		b. TITLE	
7. DESIGNATED OFFICIAL AUTHORIZED TO REPRESENT THE ORGANIZATION TO VA (This cannot be an individual seeking appointment as a VA chaplain).			
a. NAME (Last, First, Middle Initial)		b. TITLE	
C. MAILING ADDRESS			
(1) STREET (Include apartment or suite number)		(2) CITY	(3) STATE
			(4) ZIP
(5) TELEPHONE NUMBER (Include area code)		(6) FAX NUMBER (Include area code)	

8. IS YOUR ORGANIZATION/RELIGIOUS BODY PRIMARILY ORGANIZED TO PROVIDE RELIGIOUS MINISTRIES TO A LAY CONSTITUENCY? ☐ YES ☐ NO

(Mark one. If "No", explain.)

9. HAS THE MEMBERSHIP AUTHORIZED THE ORGANIZATION TO ACT AS THEIR SOLE AGENCY FOR THE PURPOSE OF CERTIFYING/ENDORISING TO SERVE AS VA CHAPLAINS? ☐ YES ☐ NO (Mark one. If "No", explain.)

10. TOTAL NUMBER OF CLERGY

11. TOTAL MEMBERSHIP OF THE ORGANIZATION/RELIGIOUS BODY

12. TOTAL NUMBER OF : (Select the category that most closely fits your organization)

a. CHURCHES

b. PARISHES

c. CONGREGATIONS

d. LOCAL ASSEMBLIES

13. TOTAL NUMBER OF VA CHAPLAINS  
CURRENTLY ENDORSED

14. IF YOU DO NOT CURRENTLY ENDORSE ANY VA CHAPLAINS, DO YOU WANT TO REMAIN ON THE DEPARTMENT  
OF VETERANS AFFAIRS LIST OF APPROVED ENDORSING ORGANIZATIONS? (Mark one) ☐ YES ☐ NO

15. ARE YOU LISTED IN THE YEARBOOK OF AMERICAN AND CANADIAN CHURCHES? (Mark one) ☐ YES ☐ NO  
If "No", provide the names and addresses of clergy and congregations/churches you represent

16. SIGNATURE OF SENIOR PRESIDING OFFICIAL (Listed in Item 6)